

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	Best Available Copy	
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	59	10-12-99
FORMALITY REVIEW	<i>[Signature]</i>	#07033	10-27-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	7/11/00
2	✓	✓	7/11/00
3	✓	✓	7/11/00
4	✓	✓	7/11/00
5	✓	✓	7/11/00
6	✓	✓	7/11/00
7	✓	✓	7/11/00
8	✓	✓	7/11/00
9	✓	✓	7/11/00
10	✓	✓	7/11/00
11	✓	✓	7/11/00
12	✓	✓	7/11/00
13	✓	✓	7/11/00
14	✓	✓	7/11/00
15	✓	✓	7/11/00
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45	✓	✓	7/11/00
46	✓	✓	7/11/00
47	✓	✓	7/11/00
48	✓	✓	7/11/00
49	✓	✓	7/11/00

Claim	Final	Original	Date
51	✓	✓	7/11/00
52	✓	✓	7/11/00
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80	✓	✓	7/11/00
81	✓	✓	7/11/00
82	✓	✓	7/11/00
83	✓	✓	7/11/00
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85	✓	✓	7/11/00
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97	✓	✓	7/11/00
98	✓	✓	7/11/00
99	✓	✓	7/11/00
100	✓	✓	7/11/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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